## 1253 Unlocking Growth Options in Surgical Education and Training During the Pandemic

## <u>A.P. Shah</u><sup>1</sup>, J. Cleland<sup>2</sup>

<sup>1</sup>Centre for Healthcare Education Research and Innovation (CHERI), University of Aberdeen., Aberdeen, United Kingdom, <sup>2</sup>Medical Education Research and Scholarship Unit (MERSU), LKC School of Medicine, Singapore, Singapore

**Introduction:** The COVID-19 pandemic brought widespread disruption to structured surgical education and training. The knee-jerk reaction is often pessimism about surgical training's future, particularly in the Improved Surgical Training (IST) pilot's context. However, Einstein famously once said, "In the midst of every crises lies great opportunity". Unlocking growth during periods of high uncertainty is a premise of real options theory; one utilised by supply chain managers and decision scientists, but novel to medical education. This study explores the growth options that have resulted from new operational models during the pandemic.

**Method:** Using a qualitative case study approach, data were obtained from interviews with core surgical trainees across Scotland. Data coding and inductive thematic analysis were undertaken.

**Results:** Forty-six trainees participated. Analysis from trainees' perspective revealed: unexpected fulfilment from redeployment to nonsurgical specialties, benefits to personal development from the unintended broad-based training across surgical specialties, improved collaborative teamworking between specialties and allied healthcare professionals, and enhanced supervised learning opportunities. Institutional growth options reported by trainees included: rapid uptake of telemedicine and digital technology, implementation of single hospital episode encounters for minor conditions, streamlined processes in theatre and acute admissions, and changes in working culture towards rationalising and teamworking.

**Conclusions:** Growth options have been deliberately and unintentionally unlocked due to individual and institutional adaptions and innovations in response to the exogenous disruption. While some changes may be temporary, hopefully structured reflection on these changes and responders to them will drive surgical education and training into a new sustainable and resilient post-pandemic era.